



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code	00572	(Current Period)	00572	(Prior Period)	NAIC Company Code	11557	Employer's ID Number	47-2582248
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]			
	Other [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]					
Incorporated/Organized	12/18/2014		Commenced Business		01/01/2003			
Statutory Home Office	100 Galleria Officentre, Suite 210				Southfield, MI, US 48034			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive							
	(Street and Number)							
	Philadelphia, PA, US 19113				215-937-8000			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	100 Galleria Officentre, Suite 210				Southfield, MI, US 48034			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive							
	(Street and Number)							
	Philadelphia, PA, US 19113				215-937-8000			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	MiBlueCrossComplete.com							
Statutory Statement Contact	Paul Edward Stevenson				248-663-7997			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	pstevenson@mibluccrosscomplete.com				248-663-7475			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire #	Secretary
James Michael Jernigan	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Eileen Mary Coggins	James Michael Jernigan	Mark Robert Bartlett	Lynda Marie Rossi
Ada Nicole Smith #			

State of Pennsylvania ss  
County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	James Michael Jernigan President
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Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2017

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	0		0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....148,601,326 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....3,003,907 , Schedule DA).....	151,605,233		151,605,233	109,152,843
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	151,605,233	0	151,605,233	109,152,843
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	323,724		323,724	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	240,000		240,000	0
18.2 Net deferred tax asset.....	1,502,917	839,999	662,918	2,867,045
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....2,052,293 ) and other amounts receivable.....	2,958,905	906,612	2,052,293	3,431,683
25. Aggregate write-ins for other-than-invested assets .....	2,737,248	2,737,248	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	159,368,027	4,483,859	154,884,168	115,451,571
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	159,368,027	4,483,859	154,884,168	115,451,571
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses.....	112,248	112,248	0	0
2502. Intangible Asset.....	2,625,000	2,625,000	0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,737,248	2,737,248	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	54,277,139		54,277,139	33,705,271
2. Accrued medical incentive pool and bonus amounts .....	2,393,456		2,393,456	1,700,001
3. Unpaid claims adjustment expenses .....	994,123		994,123	623,754
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	343,252		343,252	8,979,683
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....	38,281,023		38,281,023	21,558,308
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,282,287		6,282,287	8,450,634
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	4,373,602	0	4,373,602	2,578,051
24. Total liabilities (Lines 1 to 23).....	106,944,882	0	106,944,882	77,595,702
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	4,080,480
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	44,000,001	44,000,001
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	3,939,285	(10,224,612)
32. Less treasury stock, at cost:				
32.1 .....shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	47,939,286	37,855,869
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	154,884,168	115,451,571
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	739,499		739,499	339,871
2302. Premium Assessment.....	2,394,364		2,394,364	1,116,662
2303. Health Insurance Claim Assessment.....	1,239,739		1,239,739	1,121,518
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	4,373,602	0	4,373,602	2,578,051
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		4,080,480
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	4,080,480
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,776,267	1,036,110
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	709,412,922	418,451,930
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	709,412,922	418,451,930
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		283,827,902	186,233,362
10. Other professional services .....		27,343,389	16,400,326
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		30,923,202	17,002,722
13. Prescription drugs .....		79,396,593	41,357,394
14. Aggregate write-ins for other hospital and medical.....0	0	167,581,693	93,935,796
15. Incentive pool, withhold adjustments and bonus amounts.....		3,522,521	2,464,660
16. Subtotal (Lines 9 to 15) .....	0	592,595,300	357,394,260
<b>Less:</b>			
17. Net reinsurance recoveries .....		768,602	(1,345,592)
18. Total hospital and medical (Lines 16 minus 17) .....	0	591,826,698	358,739,852
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....8,748,376 cost containment expenses.....		19,385,586	11,809,096
21. General administrative expenses.....		81,986,721	53,119,268
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....0		0	(3,610,000)
23. Total underwriting deductions (Lines 18 through 22) .....	0	693,199,005	420,058,216
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	16,213,917	(1,606,286)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		111,963	196,020
26. Net realized capital gains (losses) less capital gains tax of \$ .....			251,685
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	111,963	447,705
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	16,325,880	(1,158,581)
31. Federal and foreign income taxes incurred .....	XXX	5,520,000	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	10,805,880	(1,158,581)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. Durable Medical Equipment.....		570,243	176,690
1402. Alternative Medical Cost.....		1,471,267	121,481
1403. Provider Passthrough Programs.....		164,924,208	93,291,162
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	615,975	346,463
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	167,581,693	93,935,796
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	37,855,869	30,690,527
34. Net income or (loss) from Line 32 .....	10,805,880	(1,158,581)
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		61,628
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	(2,180,128)	3,683,045
39. Change in nonadmitted assets .....	1,457,665	(5,206,281)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	(30,000,000)
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	21,750,001
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		22,250,000
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(4,214,470)
48. Net change in capital and surplus (Lines 34 to 47) .....	10,083,417	7,165,342
49. Capital and surplus end of reporting year (Line 33 plus 48)	47,939,286	37,855,869
DETAILS OF WRITE-INS		
4701. Merger consideration (Note 3 (b)) .....		(4,214,470)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(4,214,470)

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....	709,089,198	418,214,772	
2. Net investment income .....	111,963	761,921	
3. Miscellaneous income .....	0	0	
4. Total (Lines 1 through 3) .....	709,201,161	418,976,693	
5. Benefit and loss related payments .....	568,756,460	348,520,166	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	
7. Commissions, expenses paid and aggregate write-ins for deductions .....	110,529,014	59,335,081	
8. Dividends paid to policyholders .....		0	
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	5,760,000	0	
10. Total (Lines 5 through 9) .....	685,045,474	407,855,247	
11. Net cash from operations (Line 4 minus Line 10) .....	24,155,687	11,121,446	
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	24,640,917	
12.2 Stocks .....	0	0	
12.3 Mortgage loans .....	0	0	
12.4 Real estate .....	0	0	
12.5 Other invested assets .....	0	799,678	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	981	
12.7 Miscellaneous proceeds .....	0	1	
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	25,441,577	
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	
13.2 Stocks .....	0	0	
13.3 Mortgage loans .....	0	0	
13.4 Real estate .....	0	0	
13.5 Other invested assets .....	0	0	
13.6 Miscellaneous applications .....	0	523,074	
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	523,074	
14. Net increase (decrease) in contract loans and premium notes .....	0	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	24,918,503	
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	(30,000,000)	
16.2 Capital and paid in surplus, less treasury stock .....	0	44,000,001	
16.3 Borrowed funds .....	0	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	
16.5 Dividends to stockholders .....	0	0	
16.6 Other cash provided (applied) .....	18,296,703	3,762,899	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	18,296,703	17,762,900	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	42,452,390	53,802,849	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	109,152,843	55,349,994	
19.2 End of year (Line 18 plus Line 19.1) .....	151,605,233	109,152,843	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	709,412,922	0	0	0	0	0	0	709,412,922	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	709,412,922	0	0	0	0	0	0	709,412,922	0	0
8. Hospital/medical benefits .....	283,827,902							283,827,902		XXX
9. Other professional services .....	27,343,389							27,343,389		XXX
10. Outside referrals .....	0							0		XXX
11. Emergency room and out-of-area .....	30,923,202							30,923,202		XXX
12. Prescription drugs .....	79,396,593							79,396,593		XXX
13. Aggregate write-ins for other hospital and medical .....	167,581,693	0	0	0	0	0	0	167,581,693	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	3,522,521							3,522,521		XXX
15. Subtotal (Lines 8 to 14) .....	592,595,300	0	0	0	0	0	0	592,595,300	0	XXX
16. Net reinsurance recoveries .....	768,602							768,602		XXX
17. Total hospital and medical (Lines 15 minus 16) .....	591,826,698	0	0	0	0	0	0	591,826,698	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ .....8,748,376 cost containment expenses.....	19,385,586							19,385,586		
20. General administrative expenses .....	81,986,721							81,986,721		
21. Increase in reserves for accident and health contracts .....	0							0		XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	693,199,005	0	0	0	0	0	0	693,199,005	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	16,213,917		0	0	0	0	0	16,213,917	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	570,243							570,243		XXX
1302. Alternative Medical Cost.....	1,471,267							1,471,267		XXX
1303. Provider Passthrough Programs.....	164,924,208							164,924,208		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	615,975	0	0	0	0	0	0	615,975	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	167,581,693	0	0	0	0	0	0	167,581,693	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	710,792,101		1,379,179	709,412,922
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	710,792,101	.0	1,379,179	709,412,922
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	710,792,101	0	1,379,179	709,412,922



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	566,945,996							566,945,996		
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	1,018,602							1,018,602		
1.4 Net .....	565,927,394	0	0	0	0	0	0	565,927,394	0	0
2. Paid medical incentive pools and bonuses .....	2,829,066							2,829,066		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	54,277,139	0	0	0	0	0	0	54,277,139	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	54,277,139	0	0	0	0	0	0	54,277,139	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	2,393,456							2,393,456		
6. Net healthcare receivables (a).....	(1,804,915)							(1,804,915)		
7. Amounts recoverable from reinsurers December 31, current year .....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	33,955,271	0	0	0	0	0	0	33,955,271	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	250,000	0	0	0	0	0	0	250,000	0	0
8.4 Net .....	33,705,271	0	0	0	0	0	0	33,705,271	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	1,700,001	0	0	0	0	0	0	1,700,001	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	589,072,779	0	0	0	0	0	0	589,072,779	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	768,602	0	0	0	0	0	0	768,602	0	0
12.4 Net .....	588,304,177	0	0	0	0	0	0	588,304,177	0	0
13. Incurred medical incentive pools and bonuses .....	3,522,521	0	0	0	0	0	0	3,522,521	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	25,278,332							25,278,332		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	25,278,332	0	0	0	0	0	0	25,278,332	0	0
2. Incurred but Unreported:										
2.1. Direct .....	28,998,807							28,998,807		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	28,998,807	0	0	0	0	0	0	28,998,807	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	54,277,139	0	0	0	0	0	0	54,277,139	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	54,277,139	0	0	0	0	0	0	54,277,139	0	0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid.....	27,279,720	543,411,494	334,851	53,942,288	27,614,571	33,705,271
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	27,279,720	543,411,494	334,851	53,942,288	27,614,571	33,705,271
10. Healthcare receivables (a).....		2,958,905			0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts .....	512,589	2,316,477		2,393,456	512,589	1,700,001
13. Totals (Lines 9-10+11+12)	27,792,309	542,769,066	334,851	56,335,744	28,127,160	35,405,272

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	106,959	106,966	106,969	106,969	106,969
2. 2012 .....	56,150	59,704	59,811	59,811	59,811
3. 2013 .....	XXX	106,669	115,501	115,488	115,523
4. 2014 .....	XXX	XXX	201,900	224,623	224,856
5. 2015 .....	XXX	XXX	XXX	329,772	357,296
6. 2016 .....	XXX	XXX	XXX	XXX	542,769

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	106,961	106,968	106,969	106,969	106,969
2. 2012 .....	59,998	63,726	59,811	59,811	59,811
3. 2013 .....	XXX	117,933	116,660	115,488	115,523
4. 2014 .....	XXX	XXX	230,612	224,634	224,856
5. 2015 .....	XXX	XXX	XXX	365,167	357,631
6. 2016 .....	XXX	XXX	XXX	XXX	599,105

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2012.....	65,292	59,811	1,726	2.9	61,537	94.2			61,537	94.2
2. 2013.....	122,057	115,523	4,542	3.9	120,065	98.4			120,065	98.4
3. 2014.....	257,217	224,856	7,003	3.1	231,859	90.1			231,859	90.1
4. 2015.....	418,452	357,296	12,570	3.5	369,866	88.4	335		370,201	88.5
5. 2016.....	709,413	542,769	19,015	3.5	561,784	79.2	56,336	994	619,114	87.3

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	106,959	106,966	106,969	106,969	106,969
2. 2012 .....	56,150	59,704	59,811	59,811	59,811
3. 2013 .....	XXX	106,669	115,501	115,488	115,523
4. 2014 .....	XXX	XXX	201,900	224,623	224,856
5. 2015 .....	XXX	XXX	XXX	329,772	357,296
6. 2016 .....	XXX	XXX	XXX	XXX	542,769

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	106,961	106,968	106,969	106,969	106,969
2. 2012 .....	59,998	63,726	59,811	59,811	59,811
3. 2013 .....	XXX	117,933	116,660	115,488	115,523
4. 2014 .....	XXX	XXX	230,612	224,634	224,856
5. 2015 .....	XXX	XXX	XXX	365,167	357,631
6. 2016 .....	XXX	XXX	XXX	XXX	599,105

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2012 .....	65,292	59,811	1,726	2.9	61,537	94.2	.0	.0	61,537	94.2
2. 2013 .....	122,057	115,523	4,542	3.9	120,065	98.4	.0	.0	120,065	98.4
3. 2014 .....	257,217	224,856	7,003	3.1	231,859	90.1	.0	.0	231,859	90.1
4. 2015 .....	418,452	357,296	12,570	3.5	369,866	88.4	335	.0	370,201	88.5
5. 2016 .....	709,413	542,769	19,015	3.5	561,784	79.2	56,336	994	619,114	87.3

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	187,010	274,437	632,205		1,093,652
2. Salaries, wages and other benefits .....	6,106,068	6,293,059	18,096,855		30,495,982
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....	0	0	0		0
4. Legal fees and expenses .....	25,143	36,643	84,867		146,653
5. Certifications and accreditation fees .....	8,000	26,192	34,608		68,800
6. Auditing, actuarial and other consulting services .....	405,577	668,833	2,266,690		3,341,100
7. Traveling expenses .....	93,671	103,572	320,930		518,173
8. Marketing and advertising .....	39,676	50,021	288,947		378,644
9. Postage, express and telephone .....	77,810	136,197	370,471		584,478
10. Printing and office supplies .....	19,756	24,306	1,018,029		1,062,091
11. Occupancy, depreciation and amortization .....	418,920	621,424	1,876,214		2,916,558
12. Equipment .....	52,896	77,967	205,474		336,337
13. Cost or depreciation of EDP equipment and software .....	891	0	2,453		3,344
14. Outsourced services including EDP, claims, and other services .....	691,987	1,788,205	3,920,342		6,400,534
15. Boards, bureaus and association fees .....	108	0	7,775		7,883
16. Insurance, except on real estate .....	5,334	9,025	292,884		307,243
17. Collection and bank service charges .....	255	906	8,863		10,024
18. Group service and administration fees .....	0	0	0		0
19. Reimbursements by uninsured plans .....	0	0	0		0
20. Reimbursements from fiscal intermediaries .....	0	0	0		0
21. Real estate expenses .....	0	0	0		0
22. Real estate taxes .....	5,334	11,979	20,206		37,519
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	3,313,398		3,313,398
23.2 State premium taxes .....	0	0	41,656,965		41,656,965
23.3 Regulatory authority licenses and fees .....	0	0	262,022		262,022
23.4 Payroll taxes .....	424,765	437,895	1,173,787		2,036,447
23.5 Other (excluding federal income and real estate taxes) .....	0	0	4,490,927		4,490,927
24. Investment expenses not included elsewhere .....	0	0	0		0
25. Aggregate write-ins for expenses .....	185,175	76,549	1,641,809	0	1,903,533
26. Total expenses incurred (Lines 1 to 25) .....	8,748,376	10,637,210	81,986,721	0 (a) .....	101,372,307
27. Less expenses unpaid December 31, current year .....	448,630	545,493	343,252		1,337,375
28. Add expenses unpaid December 31, prior year .....	199,470	424,284	8,979,683	0	9,603,437
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	8,499,216	10,516,001	90,623,152	0	109,638,369
DETAILS OF WRITE-INS					
2501. Consulting.....	13,845	0	1,145,124		1,158,969
2502. Miscellaneous Expenses.....	79,673	76,549	186,845		343,067
2503. Administrative Services.....	0	0	71,793		71,793
2598. Summary of remaining write-ins for Line 25 from overflow page .....	91,657	0	238,047	0	329,704
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	185,175	76,549	1,641,809	0	1,903,533

(a) Includes management fees of \$ .....34,782,259 to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....	.....
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....0	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11	Preferred stocks of affiliates .....	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....111,963	.....111,963
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	111,963	111,963
11.	Investment expenses .....		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13.	Interest expense .....		(h).....
14.	Depreciation on real estate and other invested assets .....		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....0
17.	Net investment income (Line 10 minus Line 16) .....		111,963
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		0

(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0	.....	.....
1.1	Bonds exempt from U.S. tax .....			.....0	.....	.....
1.2	Other bonds (unaffiliated) .....			.....0	.....	.....
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....	.....0
5.	Contract loans .....			.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0	.....	.....
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	839,999	816,000	(23,999)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	677,699	677,699
24. Health care and other amounts receivable.....	906,612	1,332,137	425,525
25. Aggregate write-ins for other-than-invested assets .....	2,737,248	3,115,688	378,440
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,483,859	5,941,524	1,457,665
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	4,483,859	5,941,524	1,457,665
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	112,248	115,688	3,440
2502. Intangible Asset.....	2,625,000	3,000,000	375,000
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,737,248	3,115,688	378,440

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	88,533	132,237	148,514	162,458	173,816	1,776,267
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	88,533	132,237	148,514	162,458	173,816	1,776,267
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices  
The financial statements of Blue Cross Complete of Michigan LLC (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State requires maternity case receivables due from the Department of Community Health to be reported on the health care and other amounts receivable line on page 2 of the Annual Statement. In NAIC SAP, this receivable is reported on the uncollected premiums and agents' balances in the course of collection line. This reclass does not have any monetary effect on net income, surplus or risk based capital.

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line#	2016	2015
<u>NET INCOME</u>					
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3)				\$.....10,805,880	\$.....(1,158,581)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				\$.....0	\$.....0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				\$.....0	\$.....0
(4) NAIC SAP (1-2-3=4)				<u>\$.....10,805,880</u>	<u>\$.....(1,158,581)</u>
<u>SURPLUS</u>					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)				\$.....47,939,286	\$.....37,855,869
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: Maternity case receivables reported as health care receivable	-	2	15.1, 24	\$.....0	\$.....0
(7) State Permitted Practices that increase/(decrease) NAIC SAP				\$.....0	\$.....0
(8) NAIC SAP (5-6-7=8)				<u>\$.....47,939,286</u>	<u>\$.....37,855,869</u>

- B. Use of Estimates in the Preparation of the Financial Statements  
The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Michigan DIFS requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates
- C. Accounting Policy  
The Company uses the following accounting policies:
- (1) Short-term investments are stated at amortized cost.
  - (2) Bonds – None
  - (3) Common Stocks – None
  - (4) Preferred Stock – None
  - (5) Mortgage Loans – None
  - (6) Loan-backed securities – None
  - (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
  - (8) Investments in joint ventures, partnerships and limited liability companies – None
  - (9) Derivatives – None
  - (10) Anticipated investment income as a factor in premium deficiency calculation – None
  - (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses include medical expenses billed and not paid and an estimate for costs incurred but not reported, which is actuarially determined. In addition, unpaid claims adjustment expenses are accrued based on an estimate of the cost to process these claims. To estimate the required claims incurred but not reported reserves, the Company uses the triangulation method. The method of triangulation makes estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors.  
  
For the most current dates of service where there is insufficient paid claim data to rely solely on the completion factor method, the Company examines cost and utilization trends as well as plan changes, provider contracts, membership changes, and historical seasonal patterns to estimate the reserve required for these months. While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates.
  - (12) Fixed asset capitalization policy modifications – None
  - (13) Pharmaceutical Rebates - Estimated rebates to be collected are based on rebates invoiced to the pharmaceutical manufacturers.
- D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger
- (1) On June 1, 2015, Blue Cross Complete of Michigan (BCC), an indirect wholly owned subsidiary of Blue Cross Blue Shield of Michigan (BCBSM), was merged into Complete Health, LLC (Complete Health). The complete existence of BCC ceased as of such merger date. On June 1, 2015, Complete Health was rebranded to Blue Cross Complete of Michigan LLC (the Company). The merger consideration paid during 2015 of \$4,892,170 was based on the net book value of BCC as of the transaction date June 1, 2015. Such net book value was subject to adjustment through June 1, 2016, subsequent to which a final consideration settlement in the amount of \$190,287 was made to the Company by Blue Care Network of Michigan, Inc. (BCN), a wholly owned subsidiary of BCBSM.
  - (2) Method of accounting – None
  - (3) Shares of stock issued in the transaction – None
  - (4) Details of results of operations – None
  - (5) Adjustments recorded directly to surplus – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in the Discontinued Operation After Disposal – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
- (1) Prepayment assumptions – None
  - (2) Recognized Other-than-Temporary Impairment – None
  - (3) Present Value of Cash Flows – None
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
    - (a) The aggregate amount of unrealized losses – None
    - (b) The aggregate related fair value of securities with unrealized losses – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Investments in low-income housing tax credits (LIHTC) – None

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted and Nonadmitted) Restricted From Current Year	Total Gross (Admitted and Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	1,000,000	1,000,000	0	0	1,000,000	0.6	0.6
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 0	\$ 1,000,000	0.6%	0.6%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

I. Working Capital Finance Investments – None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – None

L. 5+ Securities – None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None

B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases:  
All investment income due and accrued with amounts that are over 90 days past due.
- B. Total amount excluded was \$0.

8. Derivative Instruments

- A. Market risk, credit risk and cash requirements of the derivative instruments – None
- B. Objective for using derivative instruments – None
- C. Accounting policies for recognizing and measuring derivatives instruments used – None
- D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
- E. Net gain or loss recognized for derivatives instruments no longer qualifying for hedge accounting – None
- F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes

A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

1.

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA  
(1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA  
(1c -1d )
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)  
(1e - 1f)

12/31/2016		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
\$ 522,917	\$ 980,000	\$ 1,502,917
0	0	0
522,917	980,000	1,502,917
0	839,999	839,999
522,917	140,001	662,918
0	0	0
\$ 522,917	\$ 140,001	\$ 662,918

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA  
(1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA  
(1c -1d )
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)  
(1e - 1f)

12/31/2015		
(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
\$ 2,663,045	\$ 1,020,000	\$ 3,683,045
0	0	0
2,663,045	1,020,000	3,683,045
0	816,000	816,000
2,663,045	204,000	2,867,045
0	0	0
\$ 2,663,045	\$ 204,000	\$ 2,867,045

- (a) Gross DTA
- (b) Statutory Valuation Allowance Adjustments
- (c) Adjusted Gross DTA  
(1a - 1b)
- (d) DTA Nonadmitted
- (e) Subtotal Net Admitted DTA  
(1c -1d )
- (f) DTL
- (g) Net Admitted DTA/(Net DTL)  
(1e - 1f)

Change		
(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
\$ (2,140,128)	\$ (40,000)	\$ (2,180,128)
0	0	0
(2,140,128)	(40,000)	(2,180,128)
0	23,999	23,999
(2,140,128)	(63,999)	(2,204,127)
0	0	0
\$ (2,140,128)	\$ (63,999)	\$ (2,204,127)

2. Admission Calculation Components SSAP No. 101:

- (a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)
- (1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date
- (2) Adjusted Gross DTA Allowed per Limitation Threshold
- (c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL
- (d) DTA Admitted as the result of application of SSAP No. 101.  
Total 2(a) + 2(b) + 2(c))

12/31/2016		
(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
\$ 662,918	\$ 0	\$ 662,918
0	0	0
0	0	0
XXX	XXX	4,727,637
0	0	0
\$ 662,918	\$ 0	\$ 662,918

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

			12/31/2015		
			(4)	(5)	(6)
			Ordinary	Capital	(Col 4+5) Total
(a)	Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks		\$ ..... 0	\$ ..... 0	\$ ..... 0
(b)	Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)		..... 2,663,045	..... 204,000	..... 2,867,045
(1)	Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date		..... 2,663,045	..... 204,000	..... 2,867,045
(2)	Adjusted Gross DTA Allowed per Limitation Threshold		..... XXX	..... XXX	..... 5,248,324
(c)	Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL		..... 0	..... 0	..... 0
(d)	DTA Admitted as the result of application of SSAP No. 101. Total 2(a) + 2(b) + 2(c)		\$ ..... 2,663,045	\$ ..... 204,000	\$ ..... 2,867,045
			Change		
			(7) (Col 1-4) Ordinary	(8) Capital	(9) (Col 7+8) Total
(a)	Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks		\$ ..... 662,918	\$ ..... 0	\$ ..... 662,918
(b)	Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)		..... (2,663,045)	..... (204,000)	..... (2,867,045)
(1)	Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date		..... (2,663,045)	..... (204,000)	..... (2,867,045)
(2)	Adjusted Gross DTA Allowed per Limitation Threshold		..... XXX	..... XXX	..... (520,687)
(c)	Adjusted Gross DTA (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross DTL		..... 0	..... 0	..... 0
(d)	DTA Admitted as the result of application of SSAP No. 101. Total 2(a) + 2(b) + 2(c)		\$ ..... (2,000,127)	\$ ..... (204,000)	\$ ..... (2,204,127)
3.			2016	2015	
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.		..... 237%	..... 305%	
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.		\$ ..... 47,276,367	\$ ..... 34,988,824	
4.	Impact of Tax Planning Strategies				
(a)	Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage				
(1)	Adjusted Gross DTAs amount from Note 9A1(c)		\$ ..... 522,917	\$ ..... 980,000	
(2)	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies				
(3)	Net Admitted Adjusted Gross DTA amount from Note 9A1(e)		\$ ..... 522,917	\$ ..... 140,001	
(4)	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies				
(1)	Adjusted Gross DTAs amount from Note 9A1(c)		\$ ..... 2,663,045	\$ ..... 1,020,000	
(2)	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies				
(3)	Net Admitted Adjusted Gross DTA amount from Note 9A1(e)		\$ ..... 2,663,045	\$ ..... 204,000	
(4)	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies				
(1)	Adjusted Gross DTAs amount from Note 9A1(c)		\$ ..... (2,140,128)	\$ ..... (40,000)	
(2)	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies				
(3)	Net Admitted Adjusted Gross DTA amount from Note 9A1(e)		\$ ..... (2,140,128)	\$ ..... (63,999)	
(4)	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies				
(b)	Does the company's tax-planning strategies include the use of reinsurance?		Yes_____	No_X____	
B.	There are no temporary differences for which DTL are not recognized.				
C.	Current income taxes incurred consist of the following major components:				
1.	Current Income Tax		(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
(a)	Federal		\$ ..... 5,520,000	\$ ..... 0	\$ ..... 5,520,000
(b)	Foreign		..... 0	..... 0	..... 0
(c)	Subtotal		..... 5,520,000	..... 0	..... 5,520,000
(d)	Federal income tax on net capital gains		..... 0	..... 0	..... 0
(e)	Utilization of capital loss carry-forwards		..... 0	..... 0	..... 0
(f)	Other		..... 0	..... 0	..... 0
(g)	Federal and foreign income taxes incurred		\$ ..... 5,520,000	\$ ..... 0	\$ ..... 5,520,000
2.	DTA:				
(a)	Ordinary				
(1)	Discounting of unpaid losses		\$ ..... 149,149	\$ ..... 97,535	\$ ..... 51,614
(2)	Unearned premium reserve		..... 0	..... 0	..... 0
(3)	Policyholder reserves		..... 0	..... 0	..... 0
(4)	Investments		..... 0	..... 0	..... 0
(5)	Deferred acquisition costs		..... 0	..... 0	..... 0
(6)	Policyholder dividends accrual		..... 0	..... 0	..... 0
(7)	Fixed assets		..... 0	..... 0	..... 0
(8)	Compensation and benefits accrual		..... 0	..... 0	..... 0
(9)	Pension accrual		..... 0	..... 0	..... 0
(10)	Receivables – nonadmitted		..... 356,600	..... 722,679	..... (366,079)
(11)	Net operating loss carry-forward		..... 0	..... 1,805,652	..... (1,805,652)
(12)	Tax credit carry-forward		..... 0	..... 0	..... 0
(13)	Other (including items <5% of total ordinary tax assets)		..... 17,168	..... 37,179	..... (20,011)
(99)	Subtotal		\$ ..... 522,917	\$ ..... 2,663,045	\$ ..... (2,140,128)
(b)	Statutory valuation allowance adjustment		\$ ..... 0	\$ ..... 0	\$ ..... 0
(c)	Nonadmitted		\$ ..... 0	\$ ..... 0	\$ ..... 0
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)		\$ ..... 522,917	\$ ..... 2,663,045	\$ ..... (2,140,128)
(e)	Capital:				
(1)	Investments		\$ ..... 980,000	\$ ..... 1,020,000	\$ ..... (40,000)
(2)	Net capital loss carry-forward		..... 0	..... 0	..... 0
(3)	Real estate		..... 0	..... 0	..... 0
(4)	Other (including items <5% of total capital tax assets)		..... 0	..... 0	..... 0
(99)	Subtotal		\$ ..... 980,000	\$ ..... 1,020,000	\$ ..... (40,000)
(f)	Statutory valuation allowance adjustment		\$ ..... 0	\$ ..... 0	\$ ..... 0
(g)	Nonadmitted		\$ ..... 839,999	\$ ..... 816,000	\$ ..... 23,999
(h)	Admitted capital DTA (2e99 - 2f - 2g)		\$ ..... 140,001	\$ ..... 204,000	\$ ..... (63,999)
(i)	Admitted DTA (2d + 2h)		\$ ..... 662,918	\$ ..... 2,867,045	\$ ..... (2,204,127)



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
3. DTL:			
(a) Ordinary			
(1) Investments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(2) Fixed assets	..... 0	..... 0	..... 0
(3) Deferred and uncollected premium	..... 0	..... 0	..... 0
(4) Policyholder reserves	..... 0	..... 0	..... 0
(5) Other (including items<5% of total ordinary tax liabilities)	..... 0	..... 0	..... 0
(99) Subtotal	\$ ..... 0	\$ ..... 0	\$ ..... 0
(b) Capital:			
(1) Investments	\$ ..... 0	\$ ..... 0	\$ ..... 0
(2) Real estate	..... 0	..... 0	..... 0
(3) Other (including items <5% of total capital tax liabilities)	..... 0	..... 0	..... 0
(99) Subtotal	\$ ..... 0	\$ ..... 0	\$ ..... 0
(c) DTL (3a99 + 3b99)	\$ ..... 0	\$ ..... 0	\$ ..... 0
4. Net deferred tax assets/liabilities (2i - 3c)	\$ ..... 662,918	\$ ..... 2,867,045	\$ ..... (2,204,127)
D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate to income before income taxes as follows:			
	12/31/2016	12/31/2015	
Current income tax expense incurred	\$ ..... 5,520,000	\$ ..... 0	
Change in deferred income tax	..... 2,180,128	..... (3,683,045)	
(without tax on unrealized gains and losses)			
Total income tax expense (benefit) reported	..... 7,700,128	..... (3,863,045)	
Income (loss) before taxes	..... 16,325,880	..... (1,158,581)	
Statutory Tax Rate	..... 35%	..... 34%	
Expected income tax expense (benefit) at statutory tax rate	..... 5,714,058	..... (393,918)	
Increase (decrease) in actual tax reported resulting from:			
a. Nondeductible expenses for meals and entertainment	..... 3,890	..... 198	
b. Change in deferred taxes on nonadmitted assets	..... 406,079	..... (1,742,679)	
c. Affordable Care Act (ACA) assessment	..... 1,571,824	..... 0	
d. Other – rounding/tax exempt income	..... 4,277	..... (1,546,646)	
Total income tax expense (benefit) reported	\$ ..... 7,700,128	\$ ..... (3,683,045)	
E. Operating loss carry-forward			
1. As of December 31, 2016 there was \$0 net operating loss carryforward available for tax purposes.			
2. The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:			
	Ordinary	Capital	
2016	\$ ..... 5,520,000	\$ ..... 0	
2015	\$ ..... 0	\$ ..... 0	
3. The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None			
F. The Company is not included in a consolidated federal income tax return with its parent company.			
G. Federal or foreign income tax loss contingencies – None			
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties			
A.,B., Material related party transactions – None			
C.			
D. At December 31, 2016, the Company reported the below amounts due to related parties:			
(1) AmeriHealth Caritas Health Plan (ACHP)	\$5,019,948		
(2) AmeriHealth Caritas Services, LLC (ACS)	\$578,726		
(3) PerformRx, LLC (PerformRx)	\$409,584		
(4) BCN	\$204,029		
(5) QCC Insurance Company	\$70,000		
E. Parental guarantees – None			
F. Material management or service arrangements:			
(1) The Company subcontracts the administrative portion of certain services, such as claims processing, to ACHP. Prior to the merger transaction discussed in note 3, BCC subcontracted certain services, including claims processing, to ACHP under a third party agreement. ACHP subcontracts the majority of its services to ACS, an affiliated company.			
(2) Effective January 1, 2016, ACS furnishes to the Company employees necessary to carry out the business operations of the Company.			
(3) PerformRx, a wholly owned subsidiary of ACHP, provides pharmacy benefit management (PBM) services to the Company.			
(4) PerformSpecialty, LLC (PerformSpecialty), a wholly owned subsidiary of PerformRx, supplies specialty pharmacy drugs to the Company. Amount due to PerformSpecialty is included in claims unpaid on pg. 3 of the annual statement.			
(5) Prior to the merger transaction discussed in note 3, BCBSM and BCN provided BCC with administrative services. BCN continues to provide the Company with certain services to ensure an orderly transition of the business following the merger.			
G. The Company is a joint venture formed by ACHP and Michigan Medicaid Holdings Company (MMH), each holding a 50% ownership interest. MMH is a wholly owned subsidiary of BCBSM. BCBSM indirectly holds a 38.74% ownership interest in ACHP, resulting in a 69.37% combined ownership in the Company.			
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None			
I. Investments in an SCA entity that exceed 10% of admitted assets – None			
J. Write-downs for impaired investments in SCA entities – None			
K. Investment in foreign subsidiary calculation – None			
L. Investment in a downstream noninsurance holding company – None			
M. All SCA Investments			
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None			
(2) NAIC filing response information – None			
N. Investment in Insurance SCAs – None			
11. Debt			
A. Capital Notes – None			
B. Federal Home Loan Bank (FHLB) Agreements – None			
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans			
A. Defined Benefit Plan – None			
B.,C. Postretirement Plan Assets – None			
D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None			
E. Defined Contribution Plans – None			
F. Multiemployer Plans – None			
G. Consolidated/Holding Company Plans – None			
H. Postemployment Benefits and Compensated Absences – None			
I. Impact of Medicare Modernization Act on Postretirement Benefits – None			
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations			
A. Common Capital stock outstanding – None			
B. Preferred stock – None			
C. Dividend restrictions – Pursuant to the Michigan Statute 500.1343, shareholder dividends shall be declared or paid only from earned surplus (excluding surplus arising from unrealized capital gains or a revaluation of assets), unless the commissioner approves the dividend prior to payment. Shareholder dividends declared by domestic insurers must be reported to the commissioner within 5 business days of the insurer declaring the dividend and at least 10 business days beginning from the date of receipt by the commissioner before the payment. Extraordinary dividends exceeding 10% of the insurer's prior year surplus or net gains from operations, excluding realized capital gains, of the preceding year, shall not be paid until 30 days after the commissioner has received notice of the declaration and has not disapproved or has approved the payment within that period.			
D. Dates and amounts of dividends paid – None			
E. Stockholder's portion of ordinary dividend from profits – None			
F. Restrictions placed on unassigned funds (surplus) –None			
G. The total amount of advances to surplus not repaid – None			
H. The amount of stock held by the Company for special purposes – None			
I. Changes in balances of special surplus funds from the prior year – On December 18, 2015, the Consolidated Appropriations Act of 2016 placed a moratorium on the ACA assessment, suspending collection of the health insurance fee for the 2017 calendar year (2016 data year). Thus, premiums written during 2016 are not subject to this assessment and segregation of special surplus is not required. As of December 31, 2016, the change in balance of special surplus funds from the prior year, related to the subsequent year ACA assessment, was \$4,080,480.			
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – None			
K. Surplus notes – None			
L. Impact of any restatement due to quasi-reorganization – None			
M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None			
14. Liabilities, Contingencies and Assessments			
A. Contingent Commitments – None			
B. Assessments – None			
C. Gain Contingencies – None			
D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None			
E. Joint and Several Liabilities – None			
F. All Other Contingencies – None			

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

15. Leases

A. Lessee Operating Leases

(1) Lease description – None

(2) Minimum aggregate rental commitments – None

(3) Sales leaseback transactions – None

B. Lessor Leases

(1) Operating Leases – None

(2) Leveraged Leases – None
16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

A. The face, contract or notional principle amount – None

B. The nature and terms of the contract – None

C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None

D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements

A.,B. Fair value measurement at reporting date

(1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3) Transfers in and/or out of Level 3 – None

(4) Fair value measurements categorized within Level 2 and 3 – None

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None

D. Not Practicable to Estimate Fair Value – None
21. Other Items

A. Unusual or Infrequent Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures – None

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts – None
22. Events Subsequent

Type 1 – Recognized subsequent events – None

Type 2 – Nonrecognized subsequent events

Subsequent events have been considered through March 1, 2017 for the statutory statement year ending December 31, 2016.

The Company is subject to an annual fee under section 9010 of the Federal ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. On December 18, 2015, the Consolidated Appropriations Act of 2016 placed a moratorium on the ACA assessment, suspending collection of the health insurance fee for the 2017 calendar year (2016 data year). Thus, premiums written during 2016 are not subject to this assessment and segregation of special surplus is not required at December 31, 2016.
- |  | Current Year     | Prior Year           |
|--|------------------|----------------------|
| A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)? | .....Yes         |                      |
| B. ACA fee assessment payable for the upcoming year  | \$ ..... 0       | \$ ..... 4,080,480   |
| C. ACA fee assessment paid   | ..... 4,490,927  | ..... 0              |
| D. Premium written subject to ACA 9010 assessment  | ..... 0          | \$ ..... 214,762,095 |
| E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)   | .....47,939,286  |                      |
| F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)  | ..... 47,939,286 |                      |
| G. Authorized Control Level (Five-Year Historical Line 15)   | ..... 19,948,205 |                      |
| H. Would reporting the ACA assessment as of December. 31, 2016 have triggered an RBC action level (YES/NO)?  | .....No          |                      |
| A. ACA fee assessment payable  | \$ .....0        |                      |
| B. Assessment expected to impact RBC   | % .....0         |                      |
23. Reinsurance

A. Ceded Reinsurance Report – None

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Accrued retrospective premium adjustments – None

B. Accrued retrospective premium as an adjustment to earned premium – None

C. The amount of net premium written that are subject to retrospective rating features – None

D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None

E. Risk- Sharing Provisions of the ACA – None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$36,029,026 for incurred claims and claim adjustment expenses. As of December 31, 2016, \$28,416,063 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$334,851 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$7,278,112 during 2016 for the year ended December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables – As discussed in note 10, PerformRx provides PBM services to the Company. PerformRx maintains the contractual arrangements with the drug manufacturers for rebates that cover the Company's membership. The Company receives those rebates collected by PerformRx relating to the Company's membership on a quarterly basis pursuant to the agreement. In accordance with Statement of Statutory Accounting Principles No. 84, *Health Care and Government Insured Plan Receivables*, pharmacy rebate receivable of \$461,296 and \$320,649 at December 31, 2016 and 2015, respectively, were nonadmitted.

Quarter ended	Estimated pharmacy rebates as reported on financial statements	Pharmacy rebates as billed or otherwise confirmed	Actual rebates received within 90 days of billing	Actual rebates received within 91 to 180 days of billing	Actual rebates received more than 180 days after billing
12/31/2016	\$ 712,858	\$ 737,352	\$ 0	\$ 0	\$ 0
09/30/2016	\$ 602,000	\$ 565,626	\$ 3,810	\$ 0	\$ 0
06/30/2016	\$ 514,000	\$ 550,101	\$ 452	\$ 547,401	\$ 0
03/31/2016	\$ 473,000	\$ 470,212	\$ 0	\$ 453,006	\$ 14,819
12/31/2015	\$ 507,166	\$ 458,919	\$ 48,758	\$ 407,368	\$ (8)
09/30/2015	\$ 433,000	\$ 421,796	\$ 760	\$ 348,206	\$ 69,636
06/30/2015	\$ 375,000	\$ 395,481	\$ 603	\$ 389,032	\$ 3,379
03/31/2015	\$ 704,843	\$ 346,977	\$ 0	\$ 293,444	\$ 39,114
12/31/2014	\$ 150,714	\$ 286,958	\$ 204,518	\$ 0	\$ 84,424
09/30/2014	\$ 131,010	\$ 218,098	\$ 142,951	\$ 61,868	\$ 9,190
06/30/2014	\$ 79,939	\$ 96,267	\$ 12,768	\$ 76,765	\$ 517
03/30/2014	\$ 63,696	\$ 67,870	\$ 1,922	\$ 60,664	\$ 929

26.4

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

B. Risk Sharing Receivables

The Company maintained a risk sharing arrangement with an affiliated third party through September 30, 2015. The Company estimated risk sharing receivables based on historical claims experience modified for current trends and benefits provided for in the risk sharing agreement. As of December 31, 2015 and 2014, the Company had risk sharing receivables of \$4,202,517 and \$5,716,432, respectively; that were offset by risk sharing payables of \$1,424,368 and \$1,635,508, respectively. The resulting net receivables were recorded in health care and other amounts receivable. Details of the balances for 2015 and 2014 are summarized as follows:

Calendar year	Evaluation period year ending	Risk sharing receivable as estimated in the prior year	Risk sharing receivable as estimated in the current year	Risk sharing receivable billed	Risk sharing receivable not yet billed	Actual risk sharing amounts received in year billed	Actual risk sharing amounts received first year subsequent	Actual risk sharing amounts received second year subsequent	Actual risk sharing amounts received – all other
2015	2015	\$ 5,716,432	\$ -	\$ 5,716,432	\$ -	\$ -	\$ 5,716,432	\$ -	\$ -
	2016	XXX	2,778,150	XXX	2,778,150	XXX	XXX	XXX	XXX
2014	2014	\$ 2,172,913	\$ -	\$ 2,172,913	\$ -	\$ -	\$ 2,172,913	\$ -	\$ -
	2015	XXX	5,716,432	XXX	5,716,432	XXX	XXX	XXX	XXX

29. Participating Policies – None

30. Premium Deficiency Reserves – None

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

Michigan.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2013
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....06/15/2015
- 3.4

By what department or departments? Michigan Department of Insurance and Financial Services.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes ☐ No ☒
- 4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes ☐ No ☒
- 4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,
- 7.21

State the percentage of foreign control

.....0.0
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG, 1601 Market Street, Philadelphia, PA 19103.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain  
The full Board acts as the audit committee.....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Xiaonan Zhang, Director, Actuarial Services, AmeriHealth Caritas Health Plan, 100 Stevens Drive, Philadelphia PA 19113, employee of the holding company system.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

.....

.....0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ X ] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....1,000,000

\$.....

\$.....

\$.....

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne.....	I.....
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	3,003,907	3,003,907	0
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	3,003,907	3,003,907	0

30.4 Describe the sources or methods utilized in determining the fair values:  
For short-term investments, cost approximates fair value due to the short term nature of these investments.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

32.2 If no, list exceptions:



GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$ .....0
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only.

\$ .....0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ .....

1.31 Reason for excluding

.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ .....0

1.62 Total incurred claims

\$ .....0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$ .....0

1.65 Total incurred claims

\$ .....0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ .....0

1.72 Total incurred claims

\$ .....0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$ .....0

1.75 Total incurred claims

\$ .....0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....709,412,922	\$	.....418,451,930
2.2	Premium Denominator	\$ .....709,412,922	\$	.....418,451,930
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....56,670,595	\$	.....35,405,272
2.5	Reserve Denominator	\$ .....56,670,595	\$	.....35,405,272
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ .....550,000

5.32 Medical Only

\$ .....

5.33 Medicare Supplement

\$ .....

5.34 Dental and Vision

\$ .....

5.35 Other Limited Benefit Plan

\$ .....

5.36 Other

\$ .....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements for continuation of services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....23,855

8.2 Number of providers at end of reporting year

.....24,709

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ X ] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....6,940,230

10.22 Amount actually paid for year bonuses

\$.....2,829,066

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ X ] No [ ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]

Yes [ X ] No [ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Michigan.....

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

\$.....28,376,517

11.4 If yes, show the amount required.

Yes [ ] No [ X ]

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

4% of HMO subscription revenue - \$709,412,922 x 4% = \$28,376,517

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Allegan.....
Barry.....
Clinton.....
Eaton.....
Genesee.....
Hillsdale.....
Huron.....
Ingham.....
Ionia.....
Jackson.....
Kent.....
Lake.....
Lapeer.....
Lenawee.....
Livingston.....
Macomb.....
Mason.....
Mesosta.....
Monroe.....
Montcalm.....
Muskegon.....
Newaygo.....
Oakland.....
Oceana.....
Osceola.....
Ottawa.....
St. Clair.....
Sanilac.....
Shiawassee.....
Tuscola.....
Washtenaw.....
Wayne.....

13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ N/A ] [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other
.....	00000	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded)

\$.....
- 15.2 Total incurred claims

\$.....
- 15.3 Number of covered lives

.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	154,884,168	115,451,571	89,224,770	38,186,093	13,082,439
2. Total liabilities (Page 3, Line 24) .....	106,944,882	77,595,702	58,534,243	25,376,809	8,235,019
3. Statutory minimum capital and surplus requirement .....	28,376,517	16,804,855	13,692,906	10,221,942	2,625,218
4. Total capital and surplus (Page 3, Line 33) .....	47,939,286	37,855,869	30,690,527	12,809,284	4,847,420
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	709,412,922	418,451,930	259,251,547	123,207,095	65,905,318
6. Total medical and hospital expenses (Line 18) .....	591,826,698	358,739,852	228,594,620	117,824,776	59,949,435
7. Claims adjustment expenses (Line 20) .....	19,385,586	11,809,096	8,692,098	4,603,116	1,475,603
8. Total administrative expenses (Line 21) .....	81,986,721	53,119,268	35,220,278	6,833,694	4,352,604
9. Net underwriting gain (loss) (Line 24) .....	16,213,917	(1,606,286)	(13,893,604)	(9,026,336)	127,676
10. Net investment gain (loss) (Line 27) .....	111,963	447,705	191,017	29,531	42,703
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	10,805,880	(1,158,581)	(13,702,587)	(8,996,805)	170,379
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	24,155,687	11,121,446	2,693,132	1,130,197	1,985,501
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	47,939,286	37,855,869	30,690,527	12,809,284	4,847,420
15. Authorized control level risk-based capital .....	19,948,205	11,524,871	6,846,453	3,407,314	1,585,945
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	173,816	88,533	74,823	43,321	26,803
17. Total members months (Column 6, Line 7) .....	1,776,267	1,036,110	736,371	427,860	259,477
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	83.4	85.7	88.9	96.5	91.8
20. Cost containment expenses .....	1.2	1.2	2.1	2.2	1.1
21. Other claims adjustment expenses .....	1.5	1.6	1.3	1.6	1.2
22. Total underwriting deductions (Line 23) .....	97.7	100.4	106.2	108.3	100.7
23. Total underwriting gain (loss) (Line 24) .....	2.3	(0.4)	(5.4)	(7.4)	0.2
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	28,127,160	22,720,835	10,100,546	3,734,494	1,110,211
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	35,405,272	29,148,028	11,394,855	3,842,706	1,158,802
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	738,051	571,282	500,906
32. Total of above Lines 26 to 31.....	0	0	738,051	571,282	500,906
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [ ] No [ ]

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

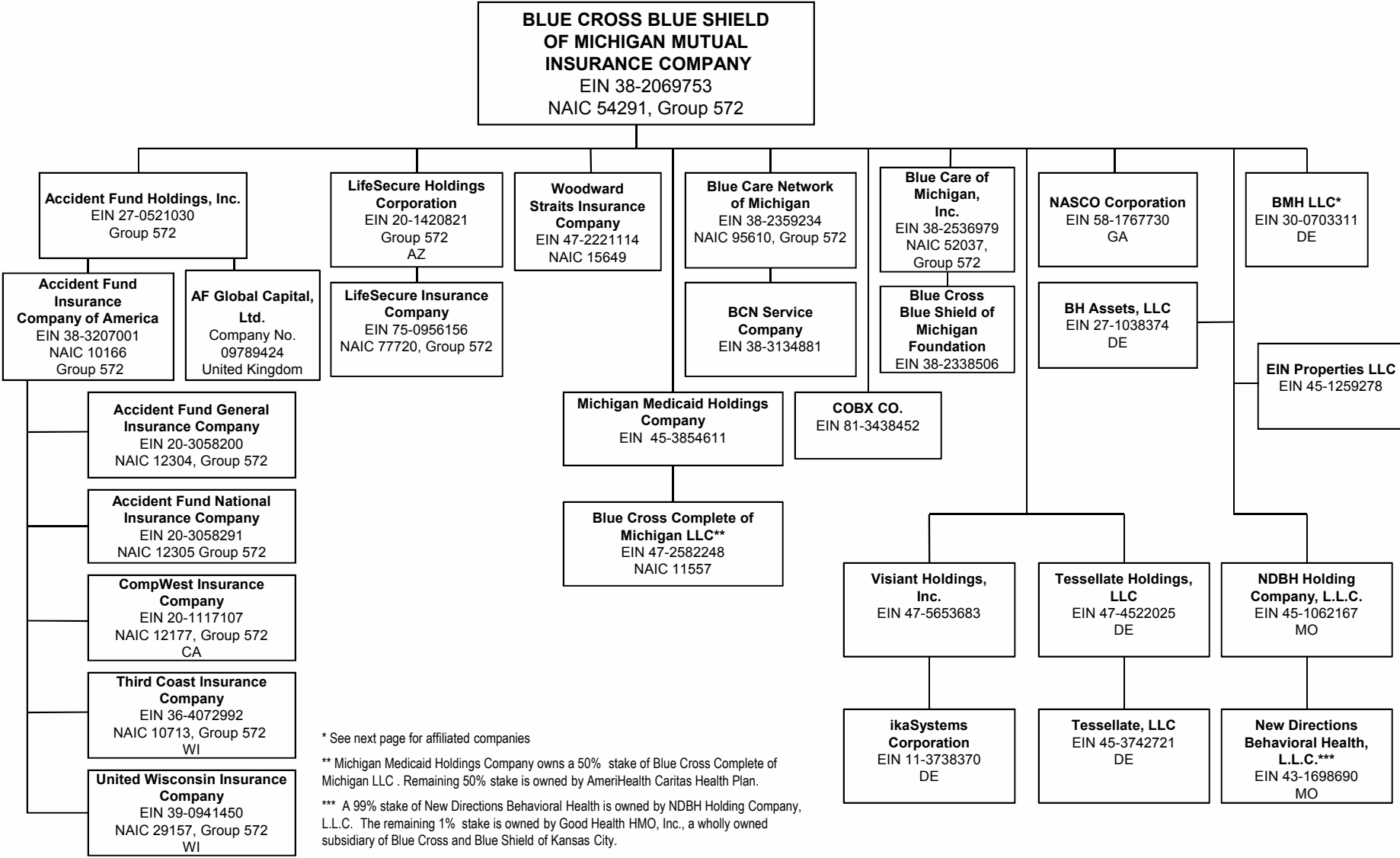
			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N							0	0
2.	Alaska .....	AK	N							0	0
3.	Arizona .....	AZ	N							0	0
4.	Arkansas .....	AR	N							0	0
5.	California .....	CA	N							0	0
6.	Colorado .....	CO	N							0	0
7.	Connecticut .....	CT	N							0	0
8.	Delaware .....	DE	N							0	0
9.	District of Columbia .....	DC	N							0	0
10.	Florida .....	FL	N							0	0
11.	Georgia .....	GA	N							0	0
12.	Hawaii .....	HI	N							0	0
13.	Idaho .....	ID	N							0	0
14.	Illinois .....	IL	N							0	0
15.	Indiana .....	IN	N							0	0
16.	Iowa .....	IA	N							0	0
17.	Kansas .....	KS	N							0	0
18.	Kentucky .....	KY	N							0	0
19.	Louisiana .....	LA	N							0	0
20.	Maine .....	ME	N							0	0
21.	Maryland .....	MD	N							0	0
22.	Massachusetts .....	MA	N							0	0
23.	Michigan .....	MI	L			710,792,101				710,792,101	0
24.	Minnesota .....	MN	N							0	0
25.	Mississippi .....	MS	N							0	0
26.	Missouri .....	MO	N							0	0
27.	Montana .....	MT	N							0	0
28.	Nebraska .....	NE	N							0	0
29.	Nevada .....	NV	N							0	0
30.	New Hampshire .....	NH	N							0	0
31.	New Jersey .....	NJ	N							0	0
32.	New Mexico .....	NM	N							0	0
33.	New York .....	NY	N							0	0
34.	North Carolina .....	NC	N							0	0
35.	North Dakota .....	ND	N							0	0
36.	Ohio .....	OH	N							0	0
37.	Oklahoma .....	OK	N							0	0
38.	Oregon .....	OR	N							0	0
39.	Pennsylvania .....	PA	N							0	0
40.	Rhode Island .....	RI	N							0	0
41.	South Carolina .....	SC	N							0	0
42.	South Dakota .....	SD	N							0	0
43.	Tennessee .....	TN	N							0	0
44.	Texas .....	TX	N							0	0
45.	Utah .....	UT	N							0	0
46.	Vermont .....	VT	N							0	0
47.	Virginia .....	VA	N							0	0
48.	Washington .....	WA	N							0	0
49.	West Virginia .....	WV	N							0	0
50.	Wisconsin .....	WI	N							0	0
51.	Wyoming .....	WY	N							0	0
52.	American Samoa .....	AS	N							0	0
53.	Guam .....	GU	N							0	0
54.	Puerto Rico .....	PR	N							0	0
55.	U.S. Virgin Islands .....	VI	N							0	0
56.	Northern Mariana Islands .....	MP	N							0	0
57.	Canada .....	CAN	N							0	0
58.	Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....		XXX	0	0	710,792,101	0	0	0	710,792,101	0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							0	
61.	Total (Direct Business)	(a)	1	0	0	710,792,101	0	0	0	710,792,101	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page.....		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc. The Company has business in the state of Michigan only.

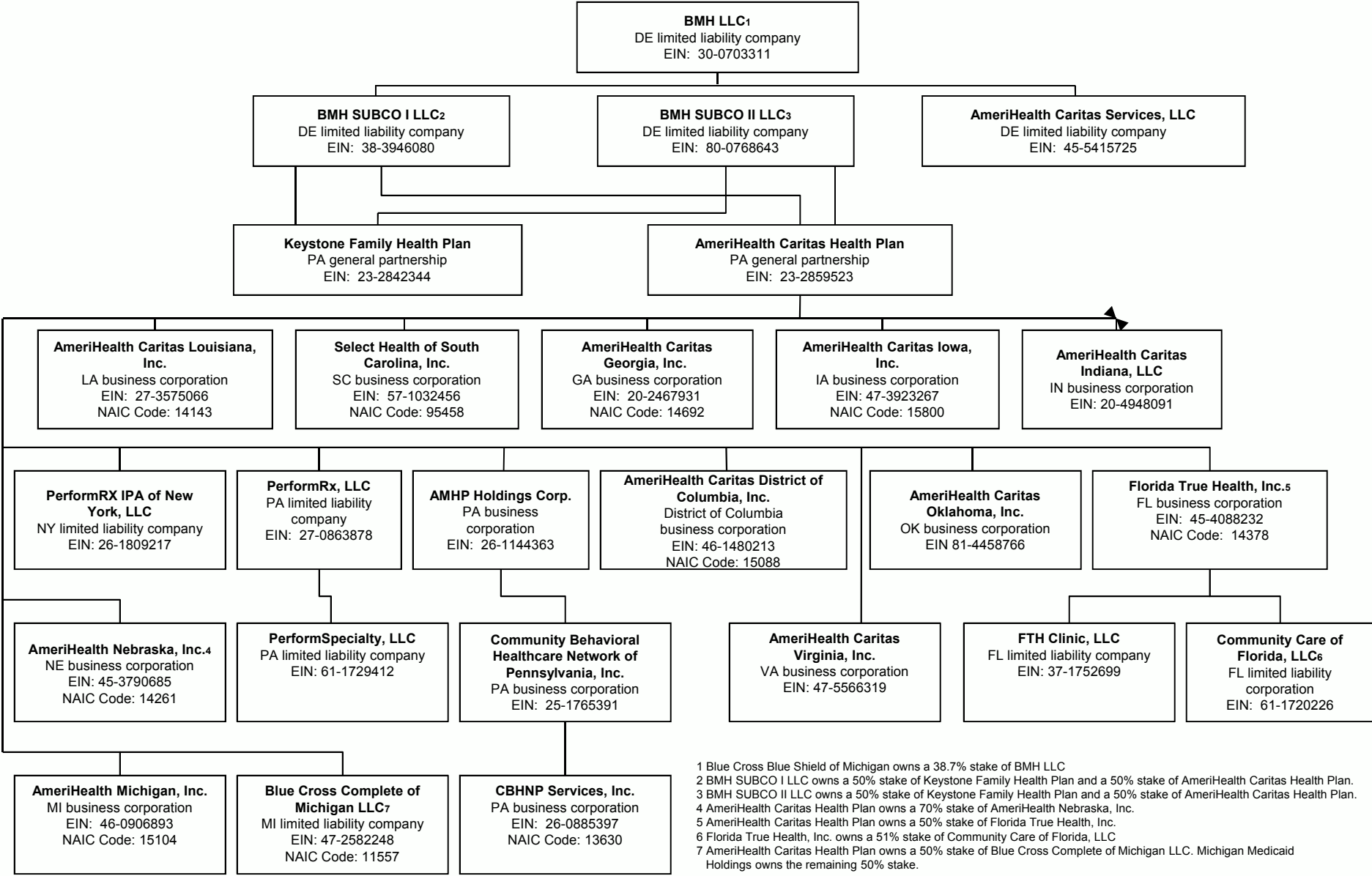
(a) Insert the number of L responses except for Canada and other Alien.

**STATEMENT AS OF DECEMBER 31, 2016 OF THE Blue Cross Complete of Michigan LLC**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

STATEMENT AS OF DECEMBER 31, 2016 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



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